

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

|   |   |
|---|---|
| PLAINTIFF<br><b>Ricky James Hamby</b>   | COURT CASE NUMBER <b>05 CV</b><br><b>Civ. No. 676 JJF</b> |
| DEFENDANT<br><b>Doctor Fisher</b>   | TYPE OF PROCESS<br><b>O/C</b>                             |
| SERVE<br>NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>Doctor Fisher First Correctional Medical and for CMS</b> |   |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)<br><b>686 N. Orosie Road Tucson AZ 85743</b>   |   |
| AT  |   |

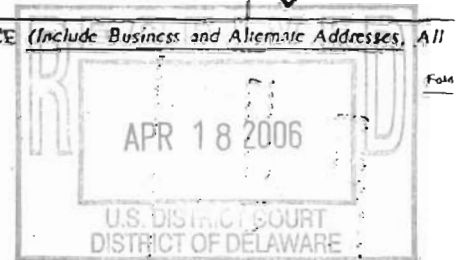
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Ricky James Hamby**  
**SOI #191377**  
**P.O. Box 9561**  
**Wilmington Delaware 19809**

|   |                                     |
|---|-------------------------------------|
| Number of process to be served with this Form - 285 | <b>1</b>                            |
| Number of parties to be served in this case         | <b>3-OF-7</b>                       |
| Check for service on U.S.A.                         | <input checked="" type="checkbox"/> |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

**Forma Pauperis**



Signature of Attorney or other Originator requesting service on behalf of:

**Ricky James Hamby**

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

**3-14-06**

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

|   |                           |                                     |                                   |   |                        |
|---|---------------------------|-------------------------------------|-----------------------------------|---|------------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only first USM 285 if more than one USM 285 is submitted) | Total Process<br><b>1</b> | District of Origin<br>No. <b>15</b> | District to Serve<br>No. <b>8</b> | Signature of Authorized USMS Deputy or Clerk<br><b>John Doe</b> | Date<br><b>4-14-06</b> |
|---|---------------------------|-------------------------------------|-----------------------------------|---|------------------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service **4-14-06** Time **am**  
pm

Signature of U.S. Marshal or Deputy  
**John Doe**

|             |  |                |               |                  |                                |                  |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges<br>(including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

**DR. FISHER IS IN DELAWARE AND FIRST CORRECTION MEDICAL IS NOT LISTED AS A DEFENDANT. RETURNED UNEXECUTED**

**John Doe**  
**4-17-06**